

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **43606**

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County. Ralls
(b) City or town. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community. All of life years, months or days) 2

8. (a) PRINT FULL NAME Sylvester OBrien

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Bessie Fitzpatrick 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 3, 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Ralls County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Unemployed

12. Name Richard OBrien

13. Birthplace Ralls Co., Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Betty Ann Settles

15. Birthplace Ralls Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant R. J. O'Brien

(b) Address Hannibal, Missouri

17. (a) Burial (b) Date thereof Nov. 5, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Paul

18. (a) Signature of funeral director. Clyde C. Wilsey

(b) Address Perry, Missouri

19. (a) Nov 6, 40 (b) J. G. Floyd 15
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Salene Township
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 3
year 1940 hour 10 minute 2 M.

21. I hereby certify that I attended the deceased from _____, 19____;
No Medical Attention
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Probable cause of death
Myocarditis (Chronic)
Due to Alcoholism

Due to 92C

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury 5

23. Signature Clyde C. Wilsey 15
Address Perry, Mo. Date signed 11/4/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 1-41-55

Date Filed JAN 7 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{by me} ~~by me, or by~~

at Wilson Funeral Home, Registered Apprentice No. _____
working under my personal supervision.

Signed

Lester L. Wilson

Licensed Embalmer No. 3414

P. O. Address

Monroe City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.